

INSTRUCTIONS FOR THE RHODE ISLAND POLLUTANT DISCHARGE ELIMINATION SYSTEM (RIPDES)
**NOTICE OF INTENT (NOI) - GENERAL PERMIT FOR DISCHARGES ASSOCIATED
WITH THE TREATMENT OF GROUNDWATER CONTAMINATED BY #2 FUEL OIL**

Who Must File A Notice of Intent (NOI) Form

Discharges of treated #2 fuel oil contaminated groundwater to Waters of the State are prohibited without a Rhode Island Pollutant Discharge Elimination System (RIPDES) permit. The owner or operator of an activity that has such a discharge must submit a Notice of Intent (NOI) to obtain coverage under the RIPDES General Permit. If you have questions about whether you need a permit under the RIPDES program contact the Rhode Island Department of Environmental Management, Office of Water Resources at (401) 222-4700.

An originally signed NOI form must be sent to:

Rhode Island Department of Environmental Management
Office of Water Resources
RIPDES Program
235 Promenade Street
Providence, Rhode Island 02908

Please be sure to keep a copy for your files.

Completing the Form

You must type or print (in ink) in the appropriate areas only. Abbreviate if necessary to save space.

Section I - Owner Information

Give the legal name of the person, firm, public (municipal) organization, or any other entity that owns the facility described in this application (RIPDES Rules 3 & 12). The name of the owner may or may not be the same as the name of the facility. Do not use a colloquial name. Enter the complete address and telephone number of the owner. The owner should be the same as identified on the Underground Storage Tank (UST) Registration on file with the DEM UST Office.

Section II - Operator Information

If the operator is the same as the owner, enter "Same as Owner". Give the legal name of the person, firm, public (municipal) organization, or any other entity that operates the facility described in this application (RIPDES Rules 3 & 12). The name of the operator may or may not be the same as that of the facility. The operator is the entity that controls the day to day operation of the project. Do not use a colloquial name. Enter the complete address and telephone number of the operator. The operator should be the same as identified on the Underground Storage Tank (UST) Registration on file with the DEM UST Office.

Section III - Site Information

Submit all requested supporting documents with this form unless you have already submitted these documents to another DEM office. If they have been submitted, simply indicate what office they were filed with, the name of the point of contact, and the report title or case number. Enter the facility's official or legal name, complete address and telephone number. Indicate the type of spill - leaking underground storage tanks, surface tanks, vehicle, etc. Also indicate the approximate length of time the remediation project will take to complete.

Section IV - Regulatory Information

Enter the UST Facility ID# as identified on the Underground Storage Tank (UST) Registration on file with the DEM UST Office. If a LUST#, State Site Code, or other ID or case number has been assigned, enter it in the appropriate box.

Section V - Receiving Water Information

If the discharge is to a separate storm sewer system, check the box and enter the name of the owner and/or operator of the storm sewer system. Also, enter the name of the surface water which the treatment system or storm sewer discharges to and its classification (see the RI Water Quality Regulations).

Section VI - Dilution Factor Information

Complete the attached worksheet to determine the equivalent 7Q10 (7Q10 EQ) flow at the point of discharge and the dilution factor. Enter the 7Q10 EQ in the box labeled "Receiving water 7Q10". Enter the dilution factor and the treatment system design flow in the appropriate boxes. Please note that DEM shall use a dilution factor of one (1) for all discharges to lakes, ponds, and wetlands. DEM also reserves the right to specify the dilution factor to be used in a given watershed.

If a point of discharge is located in a watershed without a USGS gage then one of the following methods may be used to estimate the 7Q10:

1. USGS Report 95-4299, *Low-Flow Characteristics of Selected Streams in Northern Rhode Island*.

This report uses an equation based on statistical methods to estimate the 7Q10 flow of selected streams with partial record stations. Flow data from an index station is required.

2. USGS Report 93-4046, *Low-Flow Characteristics of Selected Streams in Rhode Island*.

This report provides an equation to estimate the 7Q10 flow at ungauged sites based on the drainage area and the distribution of geologic materials in the drainage area. The areas of the drainage basin underlain by coarse-grained stratified drift and underlain by till-covered bedrock are required to use this method.

3. USGS Report 93-4092, *Effects of Surficial Geology, Lakes and Swamps, and Annual Water Availability of Low Flows of Streams in Central New England and Their Use in Low-Flow Estimation*.

This report contains equations to estimate the 7Q10 flow using information regarding surficial geology, area of swamps and lakes, mean basin elevation, mean runoff, main stream length channel, and drainage basin area.

Section VII - Treatment System Information

The information listed in this section shall be submitted with the NOI form. Be sure to submit all items listed on the form. Also, note that the plans and specifications on all treatment systems must be signed and certified by a Professional Engineer registered in the State of RI.

Section VIII - Design Influent Concentration Information

Enter the concentrations of the pollutants as used for the treatment system design. Attach supporting documentation such as lab data, sample location information, etc.

Section IX - Owner/Operator Certification

State and Federal statutes provide for severe penalties for submitting false information on this application form. State and Federal regulations require this application to be signed as follows (RIPDES Rule 12):

For a corporation: by a responsible corporate officer, which means: (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor;

For a Municipality, State, Federal or other public facility: by either a principal executive officer or ranking elected official.



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Revised (4/04)

DEM USE ONLY

Date Received _____
Amount Received \$ _____
RIPDES# **RI** _____
Approval Date _____
Data Entry Date _____
Data Entry Initials _____

I. OWNER

Name:			
Mailing Address:			
City:	State:	Zip:	Phone: ()
Contact Person:		Title:	

II. OPERATOR (if different from owner)

Name:			
Mailing Address:			
City:	State:	Zip:	Phone: ()
Contact Person:		Title:	

III. SITE INFORMATION

Please include the following items as part of the NOI: brief history of the site, the source of contamination; a brief description of the proposed remedial and/or dewatering activity creating the discharge; all available analytical data on impacted groundwater; a site plan showing location of monitoring and recovery wells, discharge point, and receiving waters; and an 8.5" x 11" photocopy of a USGS 1:24,000 topographic map depicting site location.			
Facility Name:			
Facility Address:			
City:	State:	Zip:	Phone: ()
Type of Spill or Release:		Approximate Duration of Project:	

IV. REGULATORY INFORMATION (check all that apply)

<input type="checkbox"/> State Site Code:	<input type="checkbox"/> LUST #:
<input type="checkbox"/> UST Facility ID #:	<input type="checkbox"/> Other (please specify):

V. RECEIVING WATER INFORMATION

<input type="checkbox"/> Separate Storm Sewer System	Name:	
<input type="checkbox"/> Ultimate Receiving Water	Name:	Classification:

VI. DILUTION FACTOR (Freshwater Only)

Receiving Water 7Q10 (cfs) at the point of discharge:	
Treatment System Design Flow (cfs):	Dilution Factor:

VII. TREATMENT SYSTEM INFORMATION

Please attach a complete description of the treatment system including: a flow schematic depicting all major control points (i.e., alarms, sensors, valves) and treatment units; design calculations on the expected treatment performance (i.e., removal efficiency, carbon consumption calculations) including unit height and surface area; and manufacturers' specifications on major components of the treatment system. Please provide a basis for all design calculations and properly reference all design assumptions in order for calculations to be replicated. Also, include a discussion on the need for iron treatment to address iron scaling and/or iron bacteria build-up. Please note that the plans and specifications on all treatment systems must be signed and certified by a professional engineer registered in the State of Rhode Island.

Major Components of Treatment System (check all that apply):

☐ Oil/Water Separator ☐ Granular Activated Carbon ☐ Air Stripping ☐ U/V Oxidation

☐ Iron Treatment ☐ Filtration ☐ Other (please specify): _____

If system consists of GAC, provide time to carbon exhaustion (days): _____

If system consists of air stripping, provide air/water ratio: _____

Design Flow (gpm): _____

Maximum System Capacity (gpm): _____

VIII. GROUNDWATER INFLUENT CONCENTRATION (attach raw analytical data, include sample date and location)

Pollutant	Avg. Groundwater Concentration (ug/l)	Max. Groundwater Concentration (ug/l)	Design Concentration (ug/l)
Benzene			
Toluene			
Ethyl-benzene			
Total Xylenes			
MTBE			
Total Iron			
Benzo (a) Anthracene			
Benzo (a) Pyrene			
Benzo (b) Fluoranthene			
Benzo (k) Fluoranthene			
Chrysene			
Dibenzo (a,h)			
Indeno (1,2,3-cd) Pyrene			
Acenaphthene			
Acenaphthylene			
Anthracene			
Benzo (ghi) Perylene			
Fluoranthene			
Fluorene			
Naphthalene			
Phenanthrene			
Pyrene			
Total Petroleum Hydrocarbon			

IX. OWNER/OPERATOR CERTIFICATION

I certify under penalty of law that I have read and understood all terms and conditions of the above-referenced General Permit. I also certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system design to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations.

Print Owner's Name: _____

Print Owner's Title: _____

Signature: _____ Date: _____

Print Operator's Name: _____

Print Operator's Title: _____

Signature: _____ Date: _____